

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001900

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

194

STATE FILE NUMBER

FILED JAN 28 1963

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

68 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONBERKSHIRE HOTEL  
1021 LINWOOD BLVD.Inside Limits  
Year ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY  
OR  
TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESSBERKSHIRE HOTEL  
1021 LINWOOD BLVD.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First  
EMMAMiddle  
MLast  
THRUTCHLEY4. DATE  
OF  
DEATH

Month

JANUARY

Day

10

Year

1963

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

5/26/77

## 9. AGE (last birthday)

85

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

## 10b. KIND OF BUSINESS OR INDUSTRY

-----

## 11. BIRTHPLACE (City and state or country)

CLINTON, MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

DAVID A. MARTIN

## 13b. MOTHER'S MAIDEN NAME

OMA JANE FINN

## 14. NAME OF HUSBAND OR WIFE

JOSEPH THRUTCHLEY

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

-----

## 17. INFORMANT

MRS. SALLY M. HIGDON, KANSAS CITY, MO

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1961 to 1963 and last saw her alive on 1-8-63.

Death occurred at 7:00 A. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

James D. Dunleavy MD

## 22b. ADDRESS

214 Withman Bldg. KC MO 64101

## 22c. DATE SIGNED

1-11-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

JAN. 12, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

FOREST HILL CEMETERY

## 23d. LOCATION (City, town, or county)

KANSAS CITY

## (State)

MISSOURI

## 24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS, KANSAS CITY, MO.

## 25. DATE RECD. BY LOCAL REG.

1-11-63

## 26. REGISTRAR'S SIGNATURE

P. L. Long

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

James D. Dunleavy MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Dr. James D. Bunker  
344 Wickman Bldg - 61st & Trent  
1:00-6:00 " " " "

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

**Signed**

Licensed Embalmer No. 4913

P. O. Address Indes, MO.

If this body is not embalmed, fact should be so stated above.